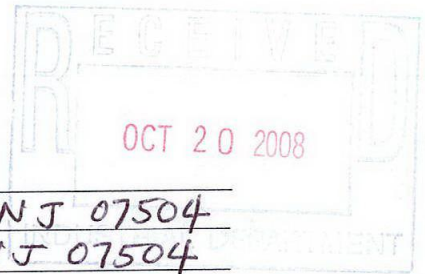


USER CHARGE SELF MONITORING REPORT

NAME: AMNEAL PHARMACEUTICALS
 ADDRESS: 209 MCLEAN BLVD., PATERSON, NJ 07504
 FACILITY LOCATION: 209 MCLEAN BLVD., PATERSON, NJ 07504
 NEW CUSTOMER ID / OUTLET ID: 27200050-1 OLD OUTLET DESIGNATION:



MONITORING PERIOD					
START			END		
09	01	08	09	30	08
MO	DAY	YR	MO	DAY	YR

VOL DISCHARGED THIS PERIOD	
69,115	GALS
CU. FT X 7.48 = GALLONS	
EFFLUENT METER READING LAST DAY THIS PERIOD	

DATE	BOD	TSS
9-16-08	410 mg/L	48.6 mg/L

DATE	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
<u>Senen Roxas for:</u>	<u>JITEN PARIKH</u>	<u>973-357-0222</u>
	<u>VICE PRESIDENT</u>	
		DATE <u>10-15-08</u>



METHOD USED

TOTAL WATER USED

$7,211.5 (9/30/08) - 7,119.1 (9/1/08) = 92 \text{ CF1} \times 7.48 \times 100 = 69,115/22 \text{ DAYS} = 3,142 \text{ Total Flow - Gal/Day.}$

SANITARY USED

$1,564 (9/30/08) - 1,510 (9/1/08) = 54 \times 7.48 \times 100 = 40,392/22 \text{ DAYS} = 1,836 \text{ Flow - Gal/Day.}$

$$\text{REGULATORY/TOTAL} = 1,306/3,142 = 0.4$$

SITE PLAN: NO CHANGE

NJDEP Certified Laboratory No. 14964
 973-335-CALI
 FAX 973-335-0556
 E-MAIL: calilabs@earthlink.net
 WEBSITE: www.calilabs.com

COMPLETE ANALYSIS LABORATORIES INC.



Ms. Sonal Thakar
 Amneal Pharmaceutical Corp.
 209 McLean Blvd.
 Paterson, NJ 07054

1259 Route 46, Building #4/C
 Parsippany, NJ 07054-4909

ANALYSIS REPORT

REPORT DATE: SEPT.23,2008

PROJECT NO : 813760

LAB ID NO: 813760.1

FIELD ID NO: AP-0916

Sample: Liquid, Sampled by CALI on 9/16/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	410	9/18/08 7:36	2.0	1
TSS	160.2	48.6	9/18/08 8:00	4.0	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,
 MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected, RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
 Laboratory Director

The Standard of Excellence in Laboratory Service



October 15, 2008

Mr. Andy Caltagirone
Manager of Industrial & Pollution Control
Passaic Valley Sewerage Commissioners
600 Wilson Ave.
Newark, NJ 07105

Dear Mr. Caltagirone:

Enclosed are MR-2 and MR-1 periodic compliance monitoring reports, which are due on 10/21/08 and 11/4/08, respectively.

Thank you.

Sincerely yours,

for: Senen Roxas
Jiten Parikh
Vice President

CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4
 PARSIPPANY, NJ 07054-4909
 PHONE: (973) 335-CALI
 FAX: (973) 335- 0556
 NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1
 (Lab use only) No. 813760

DELIVERABLES: ☒ STD ☐ REDUCED ☐ FULL
 (CIRCLE ONE) OTHER (Specify) _____

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	DR. ZIRVI	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	name <u>C. Albert Serrano</u> sign <u>[Signature]</u>		
WITNESSED BY	name <u>SR 9-16-08</u>		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
813760.1	AP- 0916	9/16/08 12:44	A	C	1	C	BOD, TSS
813760.1	AP- 0916	9/16/08 12:45	A	C	1	Hn, C	Ni, Zn, Cd, Pb, Cu, Hg
813760.2	AP- 09166	9/16/08 12:48	A	G	2	H, C	VOC*
REMARKS	* VOC TO INCLUDES: ACETONE, n-AMYL ACETATE, ETHYL ACETATE, ISOPROPYL ACETATE, METHYLENE CHLORIDE COMPOSITE SAMPLER WAS SET UP ON <u>9/15/08 8:12:30</u> ; SAMPLE WAS COLLECTED ON <u>9/16/08 12:44</u> SAMPLING FREQUENCY - 30 MINUTES. Semi annual						

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
<u>C. Albert Serrano</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>9/16/08</u>	<u>14:30</u>	<u>noted by [Signature]</u>	<u>[Signature]</u>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID		S - SOIL X - OTHER		O - OIL	
T = TYPE	C - COMPOSITE G - GRAB		No. = NUMBER OF CONTAINERS				
P = PRESERVATIVE	H ₂ - H ₂ SO ₄ Hn - HNO ₃ H-HCl N-NaOH A-ASCORBIC ACID C - COOL TO 4 °C						

SOP-CG-010 REV 4/96

FOR LABORATORY USE ONLY